



05-23-07

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/627,328-Conf. #2279
	Filing Date	July 25, 2003
	First Named Inventor	James P. RICHMOND
	Art Unit	2178
	Examiner Name	S. Termanini
Total Number of Pages in This Submission	Attorney Docket Number	ENB-009

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Declaration Pursuant to 37 CFR §1.131; Exhibit A – Assignment; Exhibit B – Notice of Recordation of Assignment Document; Exhibit C – Email from Christopher McClain; Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	LAHIVE & COCKFIELD, LLP	
Signature		
Printed name	David R. Burns	
Date	May 21, 2007	Reg. No. 46,590

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
For FY 2007

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 630.00

**Complete if Known**

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**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

<b>Fee Description</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u><b>Total Claims</b></u>	<u><b>Extra Claims</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Fee Paid (\$)</b></u>		<u><b>Multiple Dependent Claims</b></u>
- =	x	=			<u><b>Fee (\$)</b></u>
HP = Highest number of total claims paid for, if greater than 20.					<u><b>Fee Paid (\$)</b></u>
<hr/>					
<u><b>Indep. Claims</b></u>	<u><b>Extra Claims</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Fee Paid (\$)</b></u>		
- =	x	=			
HP = Highest number of Independent claims paid for, if greater than 3.					
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### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	_____ /50 _____	_____ (round up to a whole number) x _____	_____ = _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	
1252 Extension for response within second month	450.00
1806 Submission of Information Disclosure Statement	180.00

SUBMITTED BY				
Signature	<i>David R Burns</i>	Registration No. (Attorney/Agent)	46,590	Telephone (617) 227-7400
Name (Print/Type)	David R. Burns			Date May 21, 2007